

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/522333 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	2						53						
4	21						54						
5	10						55						
6	11						56						
7	10						57						
8	101						58						
9	10						59						
10	101						60						
11	10						61						
12	121						62						
13	11						63						
14	101						64						
15	10						65						
16	101						66						
17	10						67						
18	101						68						
19	10						69						
20	101						70						
21	10						71						
22	121						72						
23	10						73						
24	101						74						
25	1						75						
26	10						76						
27	10						77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.													
TOTAL DEP.	23												
TOTAL CLAIMS	24												